

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>11/1/14</u> through <u>10/18/14</u> Date of election if applicable: (Month, Day, Year) <u>11/4/14</u>	Date Stamp RECEIVED 2014 OCT 20 AM 8:58 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

N/A

COMMITTEE/FILER'S NAME

MICHAEL F. HENN

STREET ADDRESS (NO P.O. BOX)

1004 W. OCEANFRONT

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH, CA, 92661 (949) 466-9788

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

DUFFY DUFFIELD

NAME OF BALLOT MEASURE

N/A

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

COUNCIL MEMBER, DISTRICT 3

BALLOT NO./LETTER

N/A

JURISDICTION

CITY OF NEWPORT BEACH

CHECK ONE

SUPPORT OPPOSE

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SUPPORT OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/10/14	DAILY PILOT / L.A. TIMES MEDIA GROUP 1375 SUNFLOWER AVE. COSTA MESA, CA 92626	ADVERTISEMENT	\$1,100.00	\$1,100.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>1/1/14</u> through <u>10/18/14</u>	CALIFORNIA FORM 465 Page <u>2</u> of <u>2</u> I.D. NUMBER (If recipient com.)
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MICHAEL F. HENN

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 1,100⁰⁰
2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ -0-
3. Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 1,100⁰⁰

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER PERSON
MICHAEL F. HENN
ADDRESS (NO. AND STREET)
1004 W. OCEAN FRONT
CITY STATE ZIP CODE
NEWPORT BEACH, CA 92661

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/19/14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent